

MENTAL HEALTH UPDATE

October 9, 2007

THIS WEEK'S BANNER OF HOPE ---

“Begin each day as if it were on purpose”

Banners of Hope were created by and for consumers in Central Vermont at their Recovery Day celebration. The Mental Health Update will lead off with a quote from these banners until all have been shared.

ADULT MENTAL HEALTH

Public Presentations on Proposals to Develop Crisis Beds

All four applicants who have submitted proposals to create or expand local crisis bed programs attended a public meeting on Tuesday, October 2, 2007 to present and discuss their proposed plans. The presentations were made to a review panel of individuals who will rate each plan and make recommendations about which proposals to approve to Commissioner Michael Hartman. Representatives of the following agencies discussed their proposals:

Clara Martin Center: 2 crisis beds in Bradford

HowardCenter: Renovate existing space and add space for 3 additional crisis beds

Lamoille County Mental Health: 2 crisis beds

Rutland County Mental Health: 2 crisis beds

The Department has announced that it has \$541,359 available to approve up to six crisis beds. Earlier this year, DMH approved an additional 4 crisis beds, bringing the total approved statewide crisis bed capacity to 22 beds. The additional beds to be approved as a result of this review cycle are expected to further efforts to divert hospital admissions or decrease the length of stay for hospitalized individuals.

A public hearing was scheduled to follow the presentations, but no additional participants to the proposed discussion attended the hearing. The Department will accept written public comments about the proposals until October 12, 2007. Any comments should be mailed to Dawn Philibert at DMH or e-mailed to dphilib@vdh.state.vt.us.

To read an account of the hearing, go to: [Notes from Public Hearing](#).

A decision about which of the proposals to approve during this review cycle will be issued by Commissioner Hartman by October 26, 2007.

HowardCenter Submits Letter of Intent to Implement Electronic Health Record

The HowardCenter has filed a letter indicating its plan to submit a Certificate of Approval (COA) application to implement an electronic health record. The letter states: *“In our efforts to enhance clinical care, promote operational efficiency and satisfy federal mandates, HowardCenter is developing a project plan and budget related to the*

implementation of an electronic health record. The project plan, which will take place over a three year period, is to utilize existing operating software to automate clinical workflow and produce electronic clinical documents.” The estimated capital cost associated with this purchase is \$1,366,413., above the one million dollar threshold requiring a COA for technology or equipment. DMH and DAIL will collaborate in the review of this plan once the application has been submitted.

Central Vermont Medical Center Seeks State Approval for Electroconvulsive Therapy

Drs. Peter Thomashow and Kenneth Adler attended the October 1 meeting of the Statewide Program Standing Committee for Adult Mental Health to make a presentation on the Central Vermont Medical Center’s (CVMC) pursuit of state approval for the administration of electroconvulsive therapy (ECT) to psychiatric patients. Since 2000, responsibility for designating hospitals and monitoring ECT has belonged to Vermont’s Department of Mental Health (DMH). The presentation to the Standing Committee was one of the ways in which CVMC is publicizing the new program that it hopes to offer upon completion of the formal application process, which will include review of policies and procedures and a site visit by DMH to determine the hospital’s readiness to meet state requirements.

ECT is for certain mental illnesses, primarily major depression, that do not respond well to other kinds of treatment. The doctors explained that numerous advances in ECT in recent years have made it a much more effective treatment, with fewer negative side effects, than previously. The latest advance is called ultra-brief unilateral ECT, which affects only one side of the brain (as opposed to bilateral ECT, affecting both sides of the brain). The side effect still most commonly experienced by individuals who have ECT is short-term memory loss—or, in very rare cases, some long-term memory loss as well. Dr. Thomashow used the video, “Electroconvulsive Therapy,” to help the Standing Committee understand how CVMC intends to complement other information that will be given to families and patients about what they can expect from ECT treatments. The video was made at CVMC’s affiliate, Dartmouth-Hitchcock Medical Center, to update and expand the parameters of informed consent to ECT. Based on the hospital’s current experience, Drs. Thomashow and Adler estimate that between six and ten patients per year will receive ECT routinely at CVMC .

NAMI-Vermont Annual Conference – October 19-20

Mental health care providers, consumers, family members and the general public will gather at the Cortina Inn, Killington, Vermont for workshops, presentations, and an opportunity to network with others in the mental health community. This is a significant opportunity to hear from national and state leaders. Dr. Ken Duckworth, NAMI Medical Director, will give Friday’s keynote address, “Quantity of Life, Quality of Life: New Developments and Needs in Mental Health Care.” Martha Velasquez will present her personal and family experiences on Saturday, “Surviving the Storm: Dealing with Mental Illness in the Family.” In between, conference participants may choose from workshops on substance abuse and integrated services; children, youth and transition services; effective advocacy; and psychiatric rehabilitation. Registration for one or both days includes all materials, lunch and break refreshments. Continuing Education Units (CEUs) are available. Contact NAMI-Vermont (800-639-6480) to register and Cortina Inn (800-451-6108) for lodging information.

CHILDREN'S MENTAL HEALTH

Anticipation of Two Grant Opportunities

The DMH Children's Unit is awaiting the release of an RFA (Request for Applications) for two grants from SAMHSA scheduled for November 1, 2007.

The first grant will build on the foundation of Vermont's suicide prevention efforts and will fund the creation of some needed services identified in the DMH Suicide Prevention Platform. The grant's focus will be to develop and implement statewide suicide prevention and early intervention strategies and services. The funding available to recipients of the grant will be \$400,000 per year for three years.

The second grant will be a 6 year cooperative agreement to support the development of integrated home and community-based services and supports for children and youth with serious emotional disturbances and their families. By encouraging the development and expansion of an effective and enduring system of care, this cooperative agreement will be similar to the previous CUPS and Access (Children's Emergency Services) grants. DMH would collaborate with AHS to focus this grant on the development and implementation of a system of care for youth transitioning to adulthood. This cooperative agreement would provide \$1 million per year for six years.

Both of these grants support AHS initiatives and would speak to the development of greatly needed services.

FUTURES PROJECT

BISHCA approves DMH Futures Project Work Plan

On September 25 the Department of Banking, Insurance, Securities and Health Care Administration, the state regulatory agency that conducts the Certificate of Need process, formally notified the Department of Mental Health that the Futures Draft Work Plan was approved. The detailed plan covers project activities projected through 2012 that will support the planned 2008 Certificate of Need application for the Vermont State Hospital successor facilities. Because it is expected that planning tasks will continue to evolve over the life of the Futures Project, thus requiring periodic revisions of the plan, the document remains in draft form. The Draft Work Plan is posted on the Futures web site.

Transformation Council

The Mental Health Transformation Advisory Council will meet on Monday, October 22, 2:00 – 4:15 in the Skylight Room, Waterbury. At the Council's first meeting, members expressed interest in a range of topics, suggesting that we begin with discussion of what indicators we should be discovering or promoting, and what challenges are facing the mental health system. Minutes of the first meeting are posted on the DMH website. All are welcome to attend.

VERMONT INTEGRATED SERVICES INITIATIVE (VISI)

General Update

All VISI grantees are expected to have their agency Change Plans completed and agency Change Teams selected by October 31st. The Change Plans outline incremental changes needed to improve services for people with co-occurring mental health and substance use conditions. Each agency's Change Team will be selected by the Agency's Executive Director or the Board of Directors, and will be charged with implementing their Agency's Change Plans.

VISI Peer Program

A Peer Conference was held at the Cortina Inn in Killington on September 28th from 9:30am until 4pm. Gary Stromberg, co-founder of Gibson and Stromberg, a large and influential music public relations firm of the 1970s, and producer of the hit movie "Car Wash" spoke about his experiences with alcohol and drugs and his recovery. Gary also led a conference workshop on "Telling Your Own Story" which discussed how to take a personal inventory of oneself through learning. Additional Conference workshops focused on co-occurring education, successful recovery and peer support models for people with co-occurring conditions.

VISI Meetings

VISI Steering Committee: Mark your calendars for the next VISI Steering Committee on Friday, November 9th from 9:00 am to 12:30 at the Best Western Hotel in Waterbury. The steering committee will continue developing its roles and responsibilities in leading the planning and implementation of the VISI Initiative.

Workforce Development Co-occurring Capacity Sub Committee is analyzing the need for a co-occurring credential in the State of Vermont. The sub committee presented its plan at the ADAP Summer Study from 9am to noon at the Cyprian Learning Center on September 25th.

VISI Training

On October 12, 2007 VISI will be sponsoring the keynote speaker and several workshops at the *2nd Annual Vermont Conference on Addictive Disorders: A Focus on Co-Occurring Disorders* at Lake Morey. The keynote speaker will be Terence Gorski, an internationally recognized expert on substance abuse, mental health violence and crime.

To connect to these meetings or to join the committees please contact Paul Dragon at 652-2020.

VERMONT STATE HOSPITAL

Ensuring Staff Competency

The Education and Training Department at Vermont State Hospital is working on updating and expanding their system of competency-based education. These initiatives support the hospital's goals of improved patient care and increased opportunities for staff development. Using an online system called ANGEL, staff are now able to log into the system from a computer, review the tutorial (there are currently 12 different topics) and complete a post-test to demonstrate comprehension. ANGEL grades the post-test and keeps the results in a database from which reports can be generated to show staff's compliance with requirements. ANGEL will also be used to administer post-tests that are

currently on paper and which are part of staff orientation. Also, ANGEL will be used to communicate new or updated policies. When ready, staff will be able to log on, click on a link to the policy, review it and complete a post-test.

Although the use of restraints or seclusion is never desirable, staff must be properly trained and knowledgeable about requirements for using these procedures. Vermont State Hospital has used NAPPI (Non-Abusive Physical and Psychological Intervention) as its model for training staff. Staff are required to complete a written test and properly demonstrate verbal and physical NAPPI techniques to successfully complete the course, along with annual refresher requirements. A recent supplement to this training was the development and implementation of performance-based competencies for restraint and seclusion. Being observed by a certified NAPPI instructor, staff must demonstrate the proper application and removal of restraints, initiation and discontinuation of seclusion, and also demonstrate the proper technique for the constant observation that must be maintained whenever anyone is in restraint or seclusion

VERMONT STATE HOSPITAL CENSUS

The Vermont State Hospital Census was 43 as of midnight Monday night. The average census for the past 45 days was 43.